

862

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
 County Greenlee
 District Clifton
 Town Or City

State Index No. 93
 County Registered No. 13
 Local Registrar's No. 3

No. _____ St. _____
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME George Cooper

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>M</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	<u>SINGLE</u> MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>1 15 20</u> (Month) (Day) (Year)	
DATE OF BIRTH _____ (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>9/19</u> 19 <u>18</u> to <u>1/15 20</u> ; that I last saw him alive on <u>1/14 20</u> , and that death occurred on the date stated above at <u>2308</u> M. The DISEASE or INJURY causing Death was as follows: <u>Tuberculous</u> <u>Anemia</u>	
AGE <u>74</u> -yrs. ____-mos. ____-days ____-hrs., or ____-min. If less than 1 day			____ (Duration) ____-yrs. ____-mos. ____-days	
OCCUPATION (a) Trade, profession or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? <u>yes</u> If not, where? _____	
BIRTHPLACE (State or country) <u>Ala.</u>			CONTRIBUTORY (Duration) ____-yrs. ____-mos. ____-days	
PARENTS	NAME OF FATHER <u>36</u>		(Signed) <u>David Thomson</u> <u>1/15/20</u> (Address) <u>Clifton Ariz</u>	
	BIRTHPLACE OF FATHER (State or Country)		*In death from Violent Causes state (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER		LENGTH OF RESIDENCE At place of death ____-yrs. ____-mos. ____-ds. In Arizona ____-yrs. ____-mos. ____-ds.	
BIRTHPLACE OF MOTHER (State or Country)			Former or Usual Residence Filed <u>2/17/20</u> <u>W. H. Dunbar</u> Local Registrar	
The Above Is True to the Best of My Knowledge (Informant) _____ (Address) _____			Filed <u>3/16/20</u> <u>L. A. Burtch, M.D.</u> County Registrar	
PLACE OF BURIAL OR REMOVAL <u>Dunsmuir, Ariz.</u>		DATE OF BURIAL OR REMOVAL <u>1-16-1920</u>		
UNDERTAKER <u>L. P. Fusco</u>		ADDRESS <u>Clifton</u>		